

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-08-04.

In accordance with Rule 133.308 (e), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The following date(s) of service are not timely and are not eligible for this review: 9-30-03 and 10-7-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The office visits, joint mobilization/manipulation, therapeutic exercises, functional testing, paraffin bath, misc. supplies/materials and wrist range of motion from 9-30-03 through 7-6-04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 11-8-04 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the

charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT code 98943 for dates of service 12-18-03 and 1-6-04 was denied with an F – "this procedure is mutually exclusive to another procedure on this bill." Per rule 133.304 (c) Carrier didn't specify which service this was global to, therefore it will be reviewed according to the Medicare Fee Schedule. **Reimbursement of \$55.94 recommended. (\$27.97 x 2)**

CPT code 99070 for dates of service 12-18-03 (2 items), 1-6-04 (2 items) and 1-7-04 was denied with a G – "This is a bundled procedure". Rule 133.304 (c) Carrier didn't specify which service this was global to, therefore it will be reviewed according to the Medicare Fee Schedule. Per Rule 134.304(c) the requestor has submitted documentation that the price charged is a fair and reasonable rate of reimbursement. **Recommend reimbursement of \$141.83.**

CPT code 98943 for dates of service 12-19-03 and 12-22-03 was denied with a G denial code – "This is a bundled procedure". Rule 133.304 (c) Carrier didn't specify which service this was global to, therefore it will be reviewed according to the Medicare Fee Schedule. **Reimbursement of \$55.94 recommended. (\$27.97 x 2)**

CPT code 97150 for dates of service 12-19-03, 12-22-03, 1-13-04, 1-15-04, 1-19-04 was denied with an F – "this procedure is mutually exclusive to another procedure on this bill." In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service and the carrier did not reimburse partial payment or give a rationale for not doing so. **Reimbursement is recommended in the amount of \$106.85. (\$21.37 x 5)**

CPT code 98940 for dates of service 1-13-04 was denied with an F – "this procedure is mutually exclusive to another procedure on this bill." Per rule 133.304 (c) Carrier didn't specify which service this was global to, therefore it will be reviewed according to the Medicare Fee Schedule. **Reimbursement is recommended in the amount of \$30.13.**

The carrier denied CPT Code 99080-73 on 2-20-04 with a V for unnecessary medical treatment based on a peer review, however, the

TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Requester submitted relevant information to support delivery of service. **Per rule 129.5 recommend reimbursement of \$15.00.**

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service from 11-6-03 through 7-6-04 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 28th day of December, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISION II 3/7/05

TWCC Case Number:	
MDR Tracking Number:	M5-05-0491-01
Name of Patient:	
Name of URA/Payer:	SCD Back and Joint Clinic
Name of Provider: (ER, Hospital, or Other Facility)	SCD Back and Joint Clinic
Name of Physician: (Treating or Requesting)	John R. Wyatt, DC

December 8, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating

physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

Available documentation received and included for review consists of fairly extensive treatment records from multiple providers dating back to September 2003. Office visit notes from Dr. John Wyatt (DC) for the dates in dispute are also reviewed, along with records from Drs Light (MD), Richardson (MD), Dilger (MD) Suchowiecky (MD).

Record review reveals the following:

____ was injured while working for Sandstone Farms, as a result of repetitive wrist movements handling chickens. She developed progressive bilateral hand/wrist pain and numbness around ____, which eventually increased to the point where she presented to the emergency room on 11/12/98. She was taken off work and followed by medical doctor until 12/8/98, when she then presented to the Back and Joint clinic in Bryan, Texas. She underwent physical therapy (approximately 30 sessions between 12/9/98 to 4/16/99). She was then apparently incarcerated for three and a half years until September 2003. The records indicate that she deteriorated while in prison (per patient report). She presented again to the Back and Joint clinic upon her release, where she was followed by Dr. Wyatt and prescribed some wrist braces, ice and analgesic balm and instructed to perform some home exercises. She was referred to Dr Suchowiecky for pain management intervention on 10/8/03, Celebrex was prescribed. MRI of both wrists on 10/20/03 revealed increase in soft tissue contents (intertendinous soft tissues) of the carpal tunnels, with flattening of the median nerves bilaterally. She was referred to Dr. Randall Light for electrodiagnostic studies on 10/24/03. NCV findings were consistent with bilateral carpal tunnel syndrome; recommendation was for surgical referral for release of the carpal tunnels. She underwent a left carpal tunnel release on 11/14/03, with subjective improvement noticed regarding pain and numbness. She

was seen again by Dr. Wyatt on 12/11/03 and 12/16/03 where she underwent some fairly extensive functional testing.

The results of the test on 12/16/03 were compared to previous tests performed on 4/23/99 (prior to her incarceration); with the assessment being "an objective improvement is a result of the treatment plan completed". Recommended treatment plan was to continue with home exercises and therapy; attend for some physical medicine daily for 1-2 weeks, and three times a week for 1-2 weeks. She completed 13 treatment sessions between 12/11/03-2/17/04, with improvement reported. She had a designated doctor appointment (Dr. Dilger) on 2/6/04. He felt that although she was at "statutory MMI", she was not a clinical MMI. She was evaluated with a 7% whole person impairment. She underwent a second (right) carpal tunnel release on 3/16/04. There was apparently no follow-up for the second surgery and she reported a worsening of her symptoms to Dr. Wyatt when she was next seen on 7/6/04. She again underwent functional testing and the treatment plan recommended a further 18 visits of care. She was referred to Dr. Suchowiecky where she then underwent some pain management sessions in September 2004. She was then seen for final time by Dr. Dilger where she received a final whole person impairment rating of 4%.

REQUESTED SERVICE(S)

Medical necessity of office visits (99211, 99212, 99213), chiro manipulation, group therapeutic procedures, biofreeze, muscle testing and performance testing, joint mobilization / manipulation (98943), therapeutic exercises, (97110), Functional testing (97750), paraffin bath (97018), misc. supplies/materials-99070. wrist range of motion (95851) and Carisoprodol for dates of service 9/30/03 – 7/6/04).

The Commission's notification of IRO assignment, dated 11/8/04, indicates that DOS 12/18/03-1/18/04 are fee disputes and not medical necessity issues.

DECISION

Approved. There is establishment of medical necessity for all disputed services.

RATIONALE/BASIS FOR DECISION

The standard of medical necessity in Workers Comp, according to the Texas labor code 408.021 (entitlement to medical benefits) is that an

employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to healthcare that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.

This patient has a long and complex history of carpal tunnel syndrome with a number of ongoing symptomatic complaints. Although the disputed services were administered a significant amount of time post date of injury, the services were performed according to a surgeon's prescription for post-surgical rehab, and fall well within the accepted clinical guidelines for such a condition. The functional testing performed appears to be consistent with appropriate treatment planning development and subsequent monitoring/tracking. The supplies (those that are not subject to a fee dispute) appear to also be appropriate, reflecting the nature of diagnosis and standard of care for treatment). In summary, appropriate treatment interventions were implemented, with positive effects documented in the record. As such, the care rendered satisfied the above standard of medical necessity.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.

References:

Hansen DT: Topics in Clinical Chiropractic, 1994, volume one, No. 4, December 1994, pp. 1-8 with the article "Back to Basics: Determining how much care to give and reporting patient progress".

Haldeman S., Chapman-Smith D, Peterson DM., eds. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen: Giathersburg, MD, 1993;

Souza T: Differential Diagnosis for a Chiropractor: Protocols and Algorithms, 1997; chapter 1, pp. 3-25.

Liebenson C. Commentary: Rehabilitation and chiropractic practice. JMPT 1996; 19(2):134140